MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  DEPARTMENT OF PUBLIC HEALTH AND WELCOND								
•			JUBI.	Registration District NoPrimary Registration District NORegistrar's NoSTATE FILE NUMBER				
DO NOT WRITE ON THIS STUB	AMENDED			_	1. PLACE OF DEATH    2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before			
VS 300	<u> </u> @			ı	a. COUNTY b. COUNTY admission)			
Rev. 4/59	AMENDED		1	ľ	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR  Inside Limits			
1			] {	- [	Tot modern and an analysis analysis and an ana			
2 1	6			ı	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital. Yes 型 No □  Inside Limits  d. STREET ADDRESS 4054 Arsenal St. Yes □ No 函			
<i></i>	2	╁┼	+		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year			
	-			1	(Type or print) Angus B. Cates. DEATH 8 30 1963			
<u> </u>	]		$\mid \cdot \mid$	ı	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR			
5 /				ı	Male   White   White   2-14-91-   72			
6	<u>§</u>				10a. USUAL OCCUPATION (Give kind of work done design most of working life, even if retired)  Railway Express  Burlison Tenn.  U.S.A.			
7 /	FOLLOW			1	13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE			
8 2	ᅙ			ı	William Cates. Maggie Huffmann. Mollie Cates.			
ds	₽Ş.			ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  Mollie Cates. 4054 Arsenal, St.			
	ARE			<u>-</u>	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH			
10	t I			COME	IMMEDIATE CAUSE (a) CANOLIA SCREEKE HOW SINGER AND DEATH			
11	CORD			Š	41. 0. 0.00.			
1292-3	REC TEAD			ă	Conditions, if any, which gave rise to			
13	THIS	-	+	ı	above cause (a), stating the under-lying cause last. DUE TO (c) 420.0			
	8	11			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If decessed was female was disease condition given in PART I (a)			
7/	S			.	Yes No Unknown			
, , ,	AMENDMENTS				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
				ŀ	YES NO D			
y ŏ	₹				injury s.m.			
BLACK INK OR RITER RIBBON		.		, I.	20d. INJURY OCCURRED  20d. INJURY OCCURRED  20d. PLACE OF INJURY (e.g., in or about home, while AT WORK farm, factory, street, office bidg., etc.)			
	ا ا	-			NOT WHILE AT WORK			
Žo∄	READ	-	.	ı	21. I attended the deceased from			
					Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.			
USE BLACK OR TYPEWRITER	SHOULD		- 1 1	Ö	22a. SIGNATURE (Degree or title)  22b. ADDRESS  1300 COarde Que. 9-3-4-3			
i	<u>                                    </u>	$\sqcup$	$\bot$	AFFIDAVIT	23a, BURIAL, CREMATION; 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)			
	Š			E	Burial. 9-3-1963. National. St. Louis, County Mo.			
	ITEM			¥ ≻	Southern Funeral Home.  21. FUNERAL DIRECTOR FUNEral Home.  22. DATE RECD. BY LOCAL REG.  23. DATE RECD. BY LOCAL REG.  24. REGISTRAN'S SIGNATURE  25. DATE RECD. BY LOCAL REG.  26. REGISTRAN'S SIGNATURE  27. D. REGISTRAN'S SIGNATURE  27. D. REGISTRAN'S SIGNATURE  28. DATE RECD. BY LOCAL REG.  29. DATE RECD. BY LOCAL REG.  20. DATE RECD. BY LOCAL REG.  20. DATE RECD. BY LOCAL REG.  20. DATE RECD. BY LOCAL REG.  25. DATE RECD. BY LOCAL REG.  26. REGISTRAN'S SIGNATURE  27. DATE RECD. BY LOCAL REG.  28. DATE RECD. BY LOCAL REG.  29. DATE RECD.			
	=	1		<b>.</b>	6322 S. Grand Blvd. (Licensed Embelmer's Statement on Reverse Side)			

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Coroner.

## STATEMENT BY LICENSED EMBALMER

X : .

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed and Van Fossan
Signatore of Stocaste Empailler	Licensed Embalmer No. #2 #2
٠.	P. O. Address St Lain Sup.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.